

Moving Towards Universal Healthcare: Expanding Public Health

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I represent 18,000 clerical and administrative employees who work for the City of New York, 5800 of whom work for the Health and Hospitals Corporation (HHC), Department of Health and Mental Hygiene, and Metro Plus HMO. Our members play key roles in the enrollment, billing and financial counseling processes. In addition we represent Eligibility Specialist Level 2 employees in the Human Resource Administration who determine Medicaid, Child Health Plus and Family Health Plus.

I have worked for the HHC for over 28 years at Bellevue Hospital in the Ambulatory Care Department. Aside from my union positions I was a 10-year member of the Bellevue Community Advisory Board (CAB) serving as Legislative Chairman, and was the Co-Chair of the Bellevue Coalition to Save Our Healthcare. Last year I served on Governor Spitzer's Health Committee Transition Team.

Introduction

I would recommend that the state begin a comprehensive planning process statewide encompassing all communities. All residents must have the right to universal healthcare that is of the highest quality and that is accessible. Healthcare delivery must be aimed more at prevention and primary care than exists today. An emphasis must be on *public* funding primarily being used for *public health programs and services* and not be transferred to the private sector.

Problems

Our health care system is too complex and confusing. Comprehensive planning is not done on any level. Communities, patients and the workforce have no access to voice their needs. Too many people are uninsured and insurance is not portable. Access to quality health care services is inadequate. Too much of the money that makes up the health care pie goes for private profits or misplaced priorities. Not nearly enough funding goes to prevention or those who provide such services including both organizations and the workforce. The costs for the uninsured are not being adequately reimbursed to those who provide care. Cultural sensitivity and multi-lingual services are sorely lacking.

The Berger Commission Report's recommendations did very little to address these problems. The lion's share of the funding goes to the banks and towards for-profit private insurance. The other recommendations such as primary care development receive virtually no funding while Medicaid must be cut. There was little or no input from the affected communities where hospitals were either closed or consolidated. The composition of the Commission did not reflect the ethnic composition of the state as a whole and was not representative of the public.

Recommendations

Comprehensive Planning and Inclusiveness

The governor should convene a “State-Wide Health Summit”. This grouping must include more advocacy organizations, local community organizations and leaders from every corner of the state, immigrants rights groups and representatives of health care workers unions. The Summit must look like the state’s population. Inclusiveness is critical. The Summit must look deeper into the health care system and its problems, and make recommendations.

This Summit would be a first step in developing a comprehensive health care planning process. This process should be ongoing. Local Summits should take place as well to look into particular needs of each community. Needs Assessments should become an important part of this process especially in local planning.

Planning at all levels is especially important for Medicaid. Medicaid patients must be included in the process since they are the recipients of the service. Therefore structure is needed for local planning. The Health Services Administration did such community health planning. One example of a local planning process is the New York City Council Speaker’s group on primary care development

The state could convene such statewide, regional and local Summits. Requirements for on going comprehensive planning should become part of a revised and renewed Health Care Reform Act (HCRA). All large health care institutions and networks could be required by HCRA to establish Community Advisory Boards (CAB) such as those mandated for the New York City Health and Hospitals Corporation (HHC).

Universal Access and Quality

The state must provide universal healthcare and quality, accessible healthcare services. I include the expansion of primary care, multi-lingual services and health care delivery with an eye on cultural sensitivity under the umbrella of quality and accessibility. Support must be given for staffing for interpreters along with staff to enroll the uninsured and determine eligibility.

This means that more primary care capacity must be developed where needed. Studies exist for New York City done already by HHC, the New York City Council and City Comptrollers office where areas of need are identified. Multi-lingual and cultural diversity programs must be vastly increased. Technology can help with multi-lingual needs but only as a back up. Health professionals and patients will testify that one to one service is the best, most efficient way to provide translation services and that means people must be hired as translators and trained properly.

The bottom line is that every state citizen must be *guaranteed* the right to accessible, quality health care services. This can be done by new legislation, constitutional change or by being included in the HCRA. The State Department of Health could mandate the expansion of primary care and it could be an additional requirement in HCRA.

Public Health

Fortunately Governor Spitzer knows that public health is more efficient and less costly than private for-profit health care. This was reflected in his budget last year whereby “Medicaid dollars followed Medicaid patients.” Medicaid and Medicare are the best, most comprehensive forms of health insurance with the lowest administrative costs. More of the funds for these public programs are used for the direct delivery of health care services than does private insurance where profit making exists.

Almost two years ago after they went for profit, the Blue Cross/Blue Shield in Northeastern New York State dropped Family Health Coverage to over 16,000 families. The reason given was that the program was “not profitable enough.”

Recently HHC officials were asked about expanding their public Metro Plus HMO to other city workers outside of hospitals. They said it was problematic since they found that HIP and GHI routinely deny 30% of their claims. They said that HHC could not do this in good conscience.

It is no accident that the Berger Commission Report targeted private hospitals for closure and consolidation of services. No public hospital in New York City was targeted.

The HHC public health system stands in sharp contrast to its private counterparts. HHC facilities have received the highest rates by the Joint Commission on Health Accreditation. It is a universal health care system that denies no one access to health care. HHC is a system of citywide networks where quality services are shared. It leads the private sector institutions in registering the uninsured for Medicaid and other insurance programs and in providing multi-lingual services. But because they are doing better than the private sector tax funding that is needed for expansion of language services has been denied and given to the private sector.

HHC facilities have average mortality rates that are better than state, regional and federal averages. In addition HHC was the first to publish data on performance such a mortality and infection rate data on their website. According to Arthur A. Levin, director of the New York City based Center for Medical Consumers, “There has sort of been over the years a public perception that the public hospitals are not as good as private hospitals. I’m sure that is the reason why HHC published this data. It makes them look good.”

However, HHC is not all it could be. The staffing has been reduced over the past 10 years by nearly a third. Services could be expanded to meet the needs of all city residents if HHC received its fair share of funding. City tax levy dollars now go to support the system but is limited and not expected after the current mayor leaves office.

The Berger Commission Report talked about the need for more primary care. This is something that the HHC has already been doing but has not received fair compensation for. In addition there must be investment in job training, career ladders and backfills.

There must be more of an emphasis on public health. We need to reduce the wasteful profit motive in health care. HHC stands as one model for others to emulate in moving in this direction of where we need to take our health care system. This can be accomplished by the Department of Health mandates, budget allocation prioritization, requiring Bad Debt and Charity Pools to be more equitable in distribution of resources, or through HCRA.

Service Cuts or Revenue Raising

The governor has stated that “hard choices” will have to be made in dealing with our state budget. I must tell you that those of us who have worked inside the health care system, especially in public health don’t need to face any more hard choices.

The HHC has drastically cut staffing and waste over the years. The staff has worked their finger to the bone and successfully dropped patient waiting times and average length of stay thereby saving money while improving quality.

Yet studies show that there still is a disparity in care from rich and poor neighbors in the city. These studies show that there is still a big need for more primary care.

We think the governor is right to re-regulate the insurance industry. These companies along with Big Pharma are the primary reasons that healthcare costs have skyrocketed.

In order to generate revenue, we need to return to a fair tax system. We need to make those who have benefited most, especially the past 13 years from the tax cutting frenzy ante up. According to the Fiscal Policy Institute, “the state government lost close to \$16 billion last year because of tax cuts enacted since 1994 and that the richest people and corporations have benefited the most from them. They report that New York’s top state personal income tax rate is at an historical low relative to New Jersey and Connecticut.” Poll after poll shows that the public is willing to pay increased taxes for a universal healthcare system.

Finally, if there are mandates for primary care or any service, there must be a funding stream allocated. Reimbursement rates for clinics, Ambulatory Surgery and Emergency Room visits must be increased in order to meet the costs. There should and must be a reimbursement rate for language interpretation. How else will healthcare institutions such as HHC pay for the language services sorely needed in order to increase access to care and quality?

So in order to transform our health system in a positive direction we need to raise revenues. Fair taxation should be established. We also can place special taxes on Big Pharma and HMOs who have made such huge profits the past few years. The funds raised can be dedicated to public health programs such a Tobacco Settlement funds were *supposed to be*. Finally if Medicaid funding is cut then other tax revenue funds must be found to pay for the services that are needed. Primary care must be funded.

Conclusion

I thank the Governor and the State Department of Health for holding these public hearings and for the opportunity to express my opinions on how to improve health care in this state. It is hoped that we can continue this dialogue. Our union can offer its expertise in health care delivery and in advocacy to the administration. If you have further question or need our assistance please contact us.

